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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

160 acres
Joint w #3

I.

Operator
TEXACO Inc. - Producing Dept. Rocky Mtns. U.S.

Address
P.O. Box 810, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) | Other (Please explain)

New Well [X] | Change in Transporter of: | Oil [■] | Dry Gas [ ]
Recompletion [ ] | Casinghead Gas [ ] | Condensate [ ]
Change in Ownership [ ]

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Navajo Tribe "AR"	5	~~Barker Creek~~ Tocito Dome Penn "D"	Federal	14-20-060 8103

Location
Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 27 Township 26N Range 18W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Four Corners Pipeline Co.	P.O. Box 1588, Farmington, N. Mex. 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	**Address (Give address to which approved copy of this form is to be sent)**
TEXACO Inc.	PO Box EE, Cortez, Colorado 81321

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	27	26N	18W	Yes	1964

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-137 Ammended

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	x		x					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-16-74		6355	6318
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5641 GR 5655 RKB	Barker Creek	6250	6283
Perforations			**Depth Casing Shoe**
6250 - 74			6340

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13-3/8	108	125
12¼	9-5/8	1615	700
9-3/4	7	6340	1100

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
March 29 1974	4-22-74	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hours	Treater	Treater	
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
240	240	371	748

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[signature]

Field Foreman

April 22 1974

OIL CONSERVATION COMMISSION

APPROVED 4-29, 19 74

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NMOCC(5) GLE - ARM - CGH